Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)214-8442 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			
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## LLC REGISTERED AGENT CHANGE PSG OLDCO, LLC

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	ame of the limited liability company: PSG OLDCO, LL	С					
2.	(a)	666 Dundee Rd		(b)	666 Dunde	ee Rd		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-)		Mailing address of limited (Note: MAY BE POST	•	
		Suite 201			Suite 201			
		Northbrook, IL 60062			Northbrook	k, IL 60062		
		01/06/2003		i	L030000004	193		
3.		Date of filing/registration in Florida	4.	_		Document number		
5	(a)	Daniel Barnett						
٥.	(4)	Registered Agent and Registered Office shown on the records of t	he Flo	rida .	Dept. of State	- <b>:</b>		
		801 US Highway 1						
		Registered Office Address (MUST BE FLORIDA STREET A	•					
		North Palm Beach, FL	3340	8		-		
	(b)	Corporate Creations Network Inc.					207	
	•	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	<u>.</u>	<u>1</u> 023 HAY	
		801 US Highway I						
						-	2	
		NEW Registered Office Address:						*** = ::
						-	<u></u>	•
		North Palm Beach .FL	3340	8			32	
cha age wa:	inge int v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist bility f the limite	terec con limited lia	d office and npany, it is ted liability ability com	I the business office of hereby confirmed the company or as other	of the rep at the ch	gistered ange(s)
<u>s</u>	igna	ture of a member or authorized representative of a member	-			Printed or typed name of	signee	
I h pro the to r	erei visi obl nere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to e perfoi for i vereby	act i rmai n Cl v cor	n this capa nce of my a hapter 605, nfirm that t	icity. I further agree	- to comp	ly with the and accept being filed has been

Erin Saville, Attorney-In-Fact

Signature of Registered Agent